

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P15000059965

**Entity Name:** PARISH INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

4590 ULMERTON RD  
SUITE 107  
CLEARWATER, FL 33762

**Current Mailing Address:**

4590 ULMERTON RD  
SUITE 107  
CLEARWATER, FL 33762 US

**FEI Number:** 47-4635083

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

KILROY, MIKKEN  
318 DELMAR TERRACE S  
ST PETERSBURG, FL 33701 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** MIKKEN KILROY

04/28/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P, D  
Name KILROY, MIKKEN  
Address 318 DELMAR TERRACE S  
City-State-Zip: ST PETERSBURG FL 33701

Title T, S  
Name KILROY, MIKKEN  
Address 318 DELMAR TERRACE S  
City-State-Zip: ST PETERSBURG FL 33701

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** MIKKEN KILROY

**PRESIDENT**

04/28/2023

Electronic Signature of Signing Officer/Director Detail

Date